Increase in Scarlet Fever and invasive Group A Streptococci (iGAS)

Group A streptococci (GAS) is a bacteria that can cause a diverse range of infections such as **strep throat (tonsilitis), scarlet fever, respiratory tract or skin infections such as impetigo**.

Most cases are mild, but rarely children can develop an invasive infection (iGAS) where the bacteria enter the bloodstream and can cause sepsis or serious infections. While still uncommon, there has been an increase in invasive Group A strep (iGAS) cases this year, particularly in children under 10 years old. There is no evidence that a new strain is circulating.

There are lots of viruses that can cause sore throats, colds, and coughs. Most children with these viruses will have a mild illness and improve without medical intervention. However, children can on occasion develop a bacterial infection as well as the virus and that can make them more unwell. Parents should always seek the support of a medical practitioner if they are concerned about their child's symptoms.

Scarlet fever is a notifiable disease and medical practitioners must inform UKHSA of any suspected cases.

Signs and symptoms of scarlet fever:

Scarlet fever is a common childhood infection caused by group A streptococcus (GAS) and is highly contagious. It takes around 2 to 5 days to develop symptoms after exposure to the bacteria and is most common in children between the ages of 2 and 8 years old. Bacteria can be spread through a person's mucus or saliva. This might be on cups, plates, pens, toys or surfaces, such as tables which might have been used or touched by someone carrying the bacteria. You can also catch the infection by breathing infected airborne droplets produced through an infected person's coughing, sneezing or normal breathing.

Scarlet fever is usually a mild illness. The early symptoms include sore throat, headache, fever, nausea and vomiting. After 12 to 48 hours the characteristic red, pinhead rash develops, typically first appearing on the chest and stomach, then rapidly spreading to other parts of the body, and giving the skin a sandpaper-like texture. The scarlet rash may be harder to spot on darker skin, although the 'sandpaper' feel should be present. Children typically have flushed cheeks and pallor around the mouth. This may be accompanied by a 'strawberry tongue' (a swollen, cracked tongue). As the child improves peeling of the skin can occur.

The usual treatment for scarlet fever is a 10-day course of antibiotics. The fever will usually subside within 24 hours of starting this, but it is important to take the whole course to protect others from becoming infected.

During an outbreak of scarlet fever, children who have had chickenpox in the past three weeks are at increased risk of developing the more severe, invasive infection (iGAS). Parents should look out for symptoms such as a persistent high fever, cellulitis (skin infection) and arthritis (joint pain and swelling) which may indicate a more serious problem and seek medical assistance promptly. Any children with an underlying condition which affects their immune system, should contact their GP or hospital doctor to discuss whether any additional measures are needed.

Resources:

1. Scarlet fever FAQ: https://www.gov.uk/government/publications/scarlet-fever-symptoms-diagnosis-treatment
2. Guidance on Group A streptococcal infections: https://www.gov.uk/government/collections/group-a-streptococcal-infections-guidance-and-data

6th December 2022